REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

#298

Police City Attorney Bureau of Fire Prevention Health Department	DATE: 9/21/06 Return by: 10/5/06
CATERER:	NON-CATERER: X
APPLICANT NAME & ADDRESS:PRAIRIE FARE INC.	DBA P.O. PEAR'S, 322 SOUTH 9 TH STREET
ADDRESS OR LOCATION OF PREMISES TO BE COVER FAIRGROUNDS OUTDOOR FENCED AREA, 18 DATE (S) & TIME(S) OF EVENT : OCTOBER 13, 2006, 3 Alternate Dates: None	800 STATE FAIR PARK DRIVE 3:00 P.M. TO 1:00 A.M.
RECOMMENDATION OF APPROVAL OR DENIAL	
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
Anto (#843	9-25-06
Signature	Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: 10/09/06

(SDLRPT.JER)

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www.lincoln ne. gov - online services to Page 1 forms persente Page 1
APPLICATION FOR SPECIAL DESIGNATED LICENSE LICENSEE
NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046 Lincoln NE 68509-5046 ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD All Applications must be received in the Commission Office 10 working days (excluding weekens) and holidrass) prior to date of the event Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day (no fees if caterer) APPROVAL FROM CITY, VILLAGE OR COUNTY CLERK must be included with this application of A Signed Statement from Local Police Chief or County Sheriff
1. Type of Beverage(s) to be served or consumed: Beer Wine Distilled Spirits
2. License number and class C 26685 (i.e. I/K-12345) Retailer Cuterer
3. Name and Address of Applicant (as listed on liquor license) (City, County, Zip Code) PRAHME FARE INC. D.B.A. P.O. PEARS 322 SOUTH NINTH STREET UNCOLN NE 68503
4. Address or location of premises to be covered by license, (street, city, county, zip code) NEBRASKA STATE FAIRGROUNDS WEST BEEZ DEPOT 6UTDOOK FENCED AREA 92×146
5. Address of where alcohol is to be stored if other than at location listed in question #4 above 1800 STATE FAIL PARK DRIVE LINCOLN NE 68505
6. Name, address, phone number/cell phone number of owner or lessee of premises for which the license is requested ROBERT ERGENSEN 402-499-2006 5444 BLIXTON UNCOLN NE 68521
7. DATE(S) OF EVENT (If Sunday, attach Sunday sales ordinance) no more then six (6) consecutive days per application a) If alternate date is requested please list below: (must be approved at local level prior to event) ALTERNATE DATE: Carracil Agrida: 10/9/06

b) If alternate location is requested plea 'ALTERNATE LOCATION:	asc list below: (must be approved at local level prior to event)	
3. Time(s) of event (example 8:00 am to 1:	:00 am, this is considered one day)	
FROM: 3pm TO:	1:00 AM	
9. Describe type of activity to be carried on LINCOLN SI ALCOHDL	n during the time period for which the license is requested TARS (TOUKEY TAIL GATE PARTY) CONSUMPTION LIVE MUSIC	•
10. Provide an estimated number of attender indicating the steps that will be taken to properly with ENTLANTS WILL COKUME ALCOHOL W	lees at this event SOO. If the number of attendees is over 150 attacked at the event underage persons access to alcoholic beverages. LL BE CANDED - ALL ADULTS WISHOULD BE ISSUED WHISTBANDS.	ch a separate page HING To
 Attach a signed statement from your loinformed in advance of this event, and if th 	ocal police chief or county sheriff, whichever is applicable, that local law ent hey are aware of any reason the event should not occur	orcement has been
12. Description of the premises:	Inside Building Outdoor Area	Page 2
Dimensions of area to be covered by licens liquors will be sold and consumed.	ise: 92 x 146 Please draw in the space provide LENGTH WIDTH (In feet)	d below, the area wh
If outdoor area, how will premises be sepa Fence, type of fence	CHAIN UNK FENCE, 2 CONTROLLED	
Tent	CONTROLLED	ACCESS
Other (if other, please explain)		
13. Is the premises to be covered by the lie	icense located within the city/village limits?	
	icense within 150 feet of any church, school, hospital, or home for the aged of	or indigent persons or
veterans, their wives or children?		
15. Is the premises to be covered by the lie	icense within 300 feet of any university or college campus	1
16. Explain how alcoholic liquors will be number. FROM LOCA	e purchased by the licensee. If purchased from a retail licensee, please give the whosalers	ne name and license
Check here if for consumption only	(no purchases or sales, i.e. byob)	

17. Will the premises to be covered by the license comply with all Nebraska sanitation laws?
18. Are there separate toilets for both men and women? Yes
19. Other information or requests for exemptions, must be requested and approved prior to event:
20. Will there be any games of chance operating during the event? YES NO If so, describe activity
NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a cha This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application
21. Name and telephone number/cell phone number of immediate supervisor, who will actually be present at the location of the event v it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable law ordinances, rules and regulations are adhered to. Supervisor must sign on page 3. BRYAN Scher barth (402) 326-2263
22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application a true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind includ police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol
any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that he applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.
Authorized Representative/Applicant Authorized Representative/Applicant Authorized Representative/Applicant Authorized Representative/Applicant Title 9/18
sign Print Name Sherbould GENERAL MANAGER
Supervisor Supervisor Frint Name Title 7/18 Da

The law requires that no special designated license provided for by this section shall be issued by the Commission without the appropriate local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

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* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL $\underline{OUTDOOR\ EVENTS}$ *

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: STARS HOLKEY TAILGA	TE
Applicant and Sponsoring Organization or Person (if applicable): TEAIE	FARZE INC. also P.C
Date of Event: Oct 13 Time of Event:	BPM - IAM
Has the applicant applied for and received liquor liability insurance?	p /4.0 ⊃ %:
Number of persons expected to attend: 500 Number of persons under	21 expected: (/,2-
Is the event open to the public?	ोषु 77es 🗆 🗆 🗸
How will you ensure that minors will not be served or consume beverages containing alcohol	1: All entrant will
he parded. All governs wishing to co-	Mental alcohol must
Will food be served?	⊑ Yes ⊃atso
If yes, please list food to be served:	
Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages to be served:	ÆYes ≡No
Please identify the beverages containing alcohol that will be served:	N Beer → Strillec Spirits
Will this be a cash or complimentary bar?	sh 🗆 Complimentary
Who will serve the beverages containing alcohol?	
Have the designated servers received responsible beverage service training?	Yes = No
Will there be a charge for admission?	□ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
In the last 12 months, have you received notice of a liquor law violation that occurred durin designated licensee?	g an event at which you wege the specie. — Yes — Proo
If so, explain:	
B. Melbanth Applicant's Signature	7/12/06

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1.	Number of Entry & Exit Points & Dimensions: 2 entry texit points (height & width) 2 x 10
2.	Size & location of tent(s): No fearts (heights, width, depth) (x
	Size of area being used: 92×146 -(height & width) (
4.	Location & type of cooking equipment (if used) 1/14
5.	Loss that tables & chairs: SEE AFRICAN (If tage for band provided & dance area, show dimensions & site on drawing.)
6.	Hi girt & expe of fencing to be used: 10' (NDin (INK FEACE SUFFERINGS (height) Weer garden
	See attached
	d. 2952m

Nobraska State Fair BEER Garden Located at South west corner of Ice Box

. ८ ८ ८ 32,60 1886 (5) 23° -50 <> DERD BEEN Garden <>> 95° <->> 50° (بنع جور H 23. 33.92 HILEA 1600 EISTR (2) 31, ,00

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BOB WAYS

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Wrist bands will be used to identify people 21yrs and older, no minors after hockey game unless accompanied by immediate parent or guardian.